

Scientific communications

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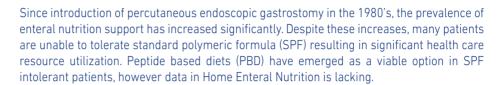


MON- P0562 12:00-14:00

Reduction in health care utilization with transition to peptide based diet in intolerant home enteral nutrition patients

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Conclusions: In patients transitioned to PBD, symptoms of nausea/vomiting, diarrhea, abdominal pain, and distention improved significantly. Health care utilization also declined significantly including mean number of phone calls (1.8 \pm 1.65 to 1.1 \pm 1.0, p-value 0.005), mean number of emergency room visits (0.3 \pm 0.6 to 0.09 \pm 0.3, p-value 0.03), and mean number of provider visits (1.3 \pm 1.3 to 0.3 \pm 0.5, p-value<0.0001). Overall, PBD was well tolerated and resulted in a significant improvement in symptoms of gastrointestinal distress and health care utilization in patients intolerant to SPF.



MON-LB683 12:00-14:00

Real-world evidence of clinical characteristics and tolerance outcomes among adult post-acute care patients receiving peptide-based diets in the US

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Enteral tube feeding (ETF) is a medical nutrition therapy used to help meet nutritional requirements in patients who have inadequate volitional intake. Inadequate delivery of ETF may be secondary to enteral formula intolerance, leading to malassimilation of nutrients. Our aim is to assess the real-world tolerance of enteral peptide-based diets (PBDs) in adults outside of the hospital in a post-acute care setting.

Conclusions: Compared to pre-initiation data, use of PBDs is associated with a reduction in nausea and vomiting, 26.3% vs 15.1% (p<0.001); diarrhea, 25.4% vs 16.9% (p<0.001); constipation 28.5% vs 18.9% (p<0.001); abdominal distension, 12.8% vs 7.3% (p<0.001); and gastric residual, 8.1% vs 4.2% (p<0.001); as well as a reduction in 2 or more GI tolerance adverse events, 28.6% vs 16.2% (p<0.001). No significant change in weight, BMI and hemoglobin A1c was observed in the 30 days post initiation of PBDs, 46.2% of patients had at least 1 inpatient visit (mean 3.6, SD 4.1). In the same period, 99.8% of patients had at least 1 outpatient visit recorded (mean 5.0 SD 3.4). This study shows that enteral feeding with PBDs leads to a significant improvement in gastrointestinal tolerance events.



MON-LB699 12:00-14:00

To evaluate the acceptability (including gastrointestinal tolerance and compliance) of a paediatric enteral formula with ingredients derived from real food for children over 12 months of age

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Blenderised foods being given to children requiring tube feeding is increasing. Current position statements do not recommend this as it may increase the risk of tube occlusion and nutritional inadequacies.

Objective of the present study is to evaluate tolerance of a formula designed with real food ingredients administered to children via tube feeding.

Conclusions: The new tube feed was well tolerated by majority of participants, with a decrease in GI symptoms and beneficial changes in stool type.

Participants (1-14 years) had a range of medical conditions;16/19 completed the 7-day trial, average daily formula intake was 730mls (480-1400ml) for those completing. A number of participants reported positive changes in stool consistency; becoming firmer and decreasing in frequency. One child saw improved mood, eye contact and concentration. Resolution of reflux and gradual decrease in retching were observed in 2 participants. There were no weight changes during the study.

MON- LB2138 12:00-14:00

UK online survey to assess the use of a multidisciplinary tool to aid management of gastrointestinal symptoms in enterally fed patients with neurological conditions

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There is currently no consensus definition of 'enteral feeding intolerance'. Clinical manifestations may include: nausea, vomiting or regurgitation, diarrhea, abdominal pain, abdominal distension, high gastric residual volumes. To help guide clinical practice, a working group of specialist dietitians and a consultant neurogastroenterologist met with the aim of developing a pragmatic guidance tool.

Conclusions: The response to the tool has been very positive, described as fantastic, user friendly and practical. Next steps include additional data collection in its use in clinical practice.

The survey was completed by 65 members, 68% had seen the tool, 32% had not. Since it's launch 36% have used the tool and 20% using it on a monthly basis. Areas in the tool most useful were; nausea/vomiting (71%), abdominal pain/bloating (65%), constipation (62%), diarrhoea (56%), reflux (44%), epigastric pain (35%) and early satiety (29%). Ninety one percent felt the tool can be used in acute and community settings. The majority were extremely likely or likely to use the tool. Sixty eight percent believe it can improve quality of life for patients. Between 85-91% would recommend the tool to other HCP's and use at their next visit.





MON-P0435 12:00-14:00

Nutrition status of children with cerebral palsy: usefulness of new us cerebral palsy growth chart

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Nutritional status is a key factor affecting the quality of life in a child with Cerebral Palsy (CP). Early identification and management of malnutrition in CP children is important for long-term care.

To assess the nutritional status of children with CP with new CP growth chart in US compared with WHO growth chart to identify the most useful tool.

Conclusions: High level of malnutrition was observed in CP children with applying both WHO and US growth charts and had good agreement. It is useful to detect malnutrition with the level of GMFCS for targeted interventions.

MON-P0450 12:00-14:00

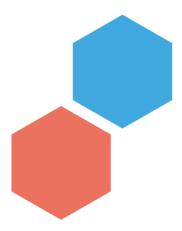
Disease related malnutrition in patients with pulmonary tuberculosis (TB), attending District Chest Clinics (DCC) of Colombo and Gampaha districts.

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TB is one of the most prevalent communicable diseases in Sri Lanka. Even though the association between malnutrition and TB is well recognized, available data on the Sri Lankan situation of the above relationship is inadequate.

The aim of this study was to reveal the prevalence of disease related malnutrition among pulmonary TB patients in Sri Lanka.

Conclusions: More than half of pulmonary TB patients had malnutrition and one fourth of them were severely malnourished. There was no significant improvement of nutritional status with anti TB treatment. There is a need of addressing malnutrition in TB patients.





MON-P0593 12:00-14:00

Clinical audit on tube feeding practices of intensive care units (ICU) in National Hospital of Sri Lanka (NHSL)

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Purpose of this audit is to improve patient care by identifying the number of patients who received prescribed continuous tube feeding in ICUs of the NHSL. Recent ICU guideline of ESPEN (European society of clinical nutrition and metabolism) recommended continuous feeding rather than bolus enteral feeding for ICU patients and ASPEN (American society of enteral and parenteral association) guideline recommended continuous tube feeding for patients with intolerance to bolus feeding.

Conclusions: Continuous feeding practices in NHSL did not meet expectations. Steps should be taken to increase feeding pumps, bags and training of ICUs care providers. Re-audit is mandatory for evaluate the impact on feeding practices by these measures.

MON-P0625 12:00-14:00

Body composition of patients with pulmonary tuberculosis (TB), attending District Chest Clinics (dcc) of Colombo and Gampaha districts.

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TB on its own is associated with wasting, loss of weight and fat free mass (FFM) and this may be a major contributing factor to increased mortality in these individuals. Published data on body composition analysis of pulmonary TB is very limited worldwide including Sri Lanka

Conclusions: Half of pulmonary TB patients were underweight. Females were having low total fat mass and males were within normal limits. Fat mass is affected than muscle mass in underweight patients.







